UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORMAD APR 1 9 2004

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION BY, SECTION 4(6), AND OR UNIFORM LIMITED OFFERING EXEMPTION

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| Name of Offering (| ·) 120119117 |
|--|---|
| Series A4 Preferred Stock Financing; Common Stock underlying Series A4 Preferred Stock | 1017401 |
| Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 | ☐ Section 4(6) ☐ ULOE |
| Type of Filing: ☐ New Filing ☐ Amendment | |
| A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) ElectroStatic Products, Inc. | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 162-06 92 nd Street, Howard Beach, NY 11414 | Telephone Number (Including Area Code) (718) 848-9310 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | - CESSED |
| Applied Electrostatics | DEOC FOR |
| Type of Business Organization | 2004 |
| □ corporation □ limited partnership, already formed □ other (please specify □ business trust □ limited partnership, to be formed | APR 21 2004 |
| Month Year | THOMSIAL |
| Actual or Estimated Date of 0 9 9 9 Incorporation or Organization: | |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service) | abbreviation for State: |
| CN for Canada; FN for other foreign | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid **OMB** control number.

SEC 1972 (6/99) 1 of 10

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A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Waldman, Alan Business or Residence Address (Number and Street, City, State, Zip Code) 162-06 92nd Street, Howard Beach, NY 11414 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Alexander T. Hoffmann Business or Residence Address (Number and Street, City, State, Zip Code) 162-06 92nd Street, Howard Beach, NY 11414 Check Box(es) that Apply: ☐ Promoter □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Brian Murphy Business or Residence Address (Number and Street, City, State, Zip Code) 162-06 92nd Street, Howard Beach, NY 11414 ☐ Promoter Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or ☐ Director Managing Partner Full Name (Last name first, if individual) The Global Opportunity Fund, Ltd. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Thieme Consulting, Inc., 1370 Avenue of the Americas, New York, NY 10019 Check Box(es) that Apply: ☐ Promoter ⊠ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Bernhard Aerni Business or Residence Address (Number and Street, City, State, Zip Code) 162-06 92nd Street, Howard Beach, NY 11414 Check Box(es) that Apply: ☐ Promoter ⊠ Beneficial Owner □ Executive Officer ☐ General and/or ☐ Director Managing Partner Full Name (Last name first, if individual) Thieme Consulting, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Thieme Consulting, Inc., 1370 Avenue of the Americas, New York, NY 10019 ☐ General and/or Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 2 of 10

| Business or Residence Address (Number an | nd Street, City, State, Zip Code) | | |
|--|--|------------|---------------------------------|
| Check Box(es) that Apply: Promoter | Beneficial Owner Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Business or Residence Address (Number ar | nd Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: Promoter | ☐ Beneficial Owner ☐ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Business or Residence Address (Number ar | nd Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: Promoter | ☐ Beneficial Owner ☐ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Business or Residence Address (Number ar | nd Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: Promoter | ☐ Beneficial Owner ☐ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Business or Residence Address (Number an | nd Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: Promoter | ☐ Beneficial Owner ☐ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Business or Residence Address (Number an | d Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: Promoter | ☐ Beneficial Owner ☐ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Business or Residence Address (Number an | d Street, City, State, Zip Code) | | |
| | | | |

| | | | | | B. II | NFORMA | TION AE | OUT OF | FERING | | | | | |
|------------|---|--|--|---|--|--|---|--|--------------------------------|---|---|------------------------------|------------------------------|---------|
| 1. | Has the is | suer sold, | or does the | | | l, to non-ac pendix, Co | | | | ing? | | | Yes N/A | No Ø |
| 2. | What is th | ie minimu | m investm | ent that wi | ill be acce | pted from a | any individ | - dual? | | *************************************** | | ••••• | ****** | |
| 3. | Does the | offering pe | ermit ioint | ownership | of a singl | e unit? | | | | | | | Yes | No |
| 4. | Enter the or similar listed is ar of the broken forth the i | information remunera associate ker or dea | on requeste tion for so ed person o ler. If mor | d for each licitation of or agent of the than five | person who f purchase a broker of the (5) person | no has been ers in connor or dealer re ns to be lis | n or will b ection wit gistered w | e paid or g h sales of s vith the SE | given, directives in Cand/or v | etly or inding the offer with a state | irectly, any ing. If a p or states, | y commistors to list the na | sion be ame | L |
| Ful N/A | l Name (La | st name fi | rst, if indiv | idual) | | | | | | | | | | |
| Bus | siness or Re | esidence A | ddress (Ni | ımber and | Street, Ci | ty, State, Z | Cip Code) | | | | | | | |
| Nai | ne of Assoc | ciated Bro | ker or Dea | ler | | | | | | | | | | |
| Sta | tes in Whic | h Person I | isted Has | Solicited o | or Intends | to Solicit F | urchasers | | | <u> </u> | <u> </u> | | | |
| (Ch | eck "All St | ates" or cl | neck indivi | dual State | s) | | | | | | | | ☐ All Stat | es |
| | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | |
| Ful N/A | l Name (La | st name fi | rst, if indiv | ridual) | · | | | | | | | | | |
| Bus | siness or Re | sidence A | ddress (Ni | ımber and | Street, Ci | ty, State, Z | ip Code) | | | | | | | |
| Nar | ne of Assoc | ciated Bro | ker or Dea | ler | | | ······ | | | | | | <u></u> | |
| Sta | tes in Which | h Person I | isted Has | Solicited o | or Intends | to Solicit F | urchasers | | | | | | | |
| (Ch | eck "All St | ates" or cl | neck indivi | dual State | s) | | | •••••• | | | | | ☐ All State | es |
| | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | |
| Ful N/A | l Name (La | st name fir | rst, if indiv | ridual) | | | | - | | | | | | |
| Bus | siness or Re | sidence A | ddress (Ni | ımber and | Street, Ci | zy, State, Z | ip Code) | | | | | | | |
| Nar | ne of Assoc | ciated Bro | ker or Dea | ler | | | | | | | | | | |
| Stat | tes in Which | h Person L | isted Has | Solicited of | or Intends | to Solicit F | urchasers | · | | | | | | |
| | eck "All St | | | | | | | | | | | | ☐ All State | es |
| | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | Enter the aggregate offering price of securities included in this offering and the total amount already sold "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and income the columns below the amounts of the securities offered for exchange and already exchanged. | | | |
|----|---|---|----------------------|--|
| | Type of Security | Aggregate Offering Price | A | Amount Already Sold |
| | Debt | \$ | \$ | |
| | Equity | \$ 25,000 | \$ | 20,625 |
| | ☐ Common ☑ Preferred | | | |
| | Convertible Securities (including warrants) | \$ -0- | \$ | -0- |
| | | \$ -0- | \$ | -0- |
| | Other (Specify) | s <u>-0-</u> | \$ | -0- |
| | Total | \$ 25,000 | \$ | 20,625 |
| | Answer also in Appendix, Column 3, if filing under ULOE | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the nu persons who have purchased securities and the aggregate dollar amount of their purchase on the tot Enter "0" if answer is "none" or "zero." | mber of | | Aggregate |
| | | Investors | | ollar Amount of Purchases |
| | Accredited Investors | 5 | \$ | 20,625 |
| | | | - ' ' | |
| ٠ | Non-accredited Investors | -0- | \$ | -0- |
| • | Non-accredited Investors | -0- | _ \$ \$ | - 0- |
| ٠ | Non-accredited Investors | | | |
| 3. | Total (for filings under 504 only) | ies sold | \$ | -0- |
| 3. | Total (for filings under 504 only) | -0- | \$ | |
| 3. | Total (for filings under 504 only) | ies sold sale of | \$ | -0- llar Amount |
| 3. | Total (for filings under 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under rule 504 or 505, enter the information requested for all securit by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering | ies sold sale of Type of Security | \$ Do | -0- llar Amount Sold |
| 3. | Total (for filings under 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under rule 504 or 505, enter the information requested for all securit by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering Rule 505 | ies sold sale of Type of Security N/A | Do \$ | -0- llar Amount Sold -0- |
| 3. | Total (for filings under 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under rule 504 or 505, enter the information requested for all securit by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering Rule 505 Regulation A | ies sold sale of Type of Security N/A N/A | Do \$ | -0- llar Amount Sold -0- -0- |
| 3. | Total (for filings under 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under rule 504 or 505, enter the information requested for all securit by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering Rule 505 Regulation A Rule 504 | -0- ies sold sale of Type of Security N/A N/A N/A N/A nrities nation | Do \$. \$. \$. \$ | -0- llar Amount Sold -00- |
| | Total (for filings under 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under rule 504 or 505, enter the information requested for all securit by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securing this offering. Exclude amounts relating solely to organization expenses of the issuer. The information begiven as subject to future contingencies. If the amount of an expenditure is not known, further the securing solely to organization of the securing solely to organization expenses of the issuer. | ies sold sale of Type of Security N/A N/A N/A N/A nrities nation urnish | Do \$. \$. \$. \$ | -0- llar Amount Sold -00- |
| | Total (for filings under 504 only) | ies sold sale of Type of Security N/A N/A N/A N/A nrities nation nrnish | Do | -0- llar Amount Sold -000- |
| | Total (for filings under 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under rule 504 or 505, enter the information requested for all securit by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering Rule 505 Regulation A Rule 504 Total Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securin this offering. Exclude amounts relating solely to organization expenses of the issuer. The informany be given as subject to future contingencies. If the amount of an expenditure is not known, furan estimate and check the box to the left of the estimate. Transfer Agent's Fees. | ies sold sale of Type of Security N/A N/A N/A N/A nrities nation mrnish | Do | -0- llar Amount Sold -000- |
| | Total (for filings under 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under rule 504 or 505, enter the information requested for all securit by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the secu in this offering. Exclude amounts relating solely to organization expenses of the issuer. The inform may be given as subject to future contingencies. If the amount of an expenditure is not known, furan estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs | ies sold sale of Type of Security N/A N/A N/A N/A Trities nation mish | Do | -0- llar Amount Sold -00000- |
| | Total (for filings under 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under rule 504 or 505, enter the information requested for all securit by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the secu in this offering. Exclude amounts relating solely to organization expenses of the issuer. The inform may be given as subject to future contingencies. If the amount of an expenditure is not known, furan estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees. | ies sold sale of Type of Security N/A N/A N/A N/A nrities nation nrnish | Do | -0- llar Amount Sold -0000- 2,000 |
| | Total (for filings under 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under rule 504 or 505, enter the information requested for all securit by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securing this offering. Exclude amounts relating solely to organization expenses of the issuer. The informany be given as subject to future contingencies. If the amount of an expenditure is not known, furan estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees Accounting Fees. | ies sold sale of Type of Security N/A N/A N/A N/A Trities nation Irrnish IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | Do | -0- llar Amount Sold -0000- 2,000 -0- |
| | Total (for filings under 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under rule 504 or 505, enter the information requested for all securit by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the security in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information be given as subject to future contingencies. If the amount of an expenditure is not known, further an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees | ies sold sale of Type of Security N/A N/A N/A N/A Trities nation mish | Do | -0- llar Amount Sold -0000- 2,000 -0- |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| Total Payments Listed (column totals added) | | ⊠ \$_ | 18,6 | 525 | |
|--|------|--|----------|-----|----------------------|
| Column Totals | \$ _ | -0- | _ _ 🛛 | \$_ | 18,625 |
| Other (specify): | \$ _ | -0- | _ 🗆 | \$_ | -0- |
| Working capital | | -0- | _ 🛮 | \$_ | 18,625 |
| Repayment of indebtedness. | - | -0- | _ | \$_ | -0- |
| 1 | \$_ | -0- | _ | \$_ | -0- |
| Construction or leasing of plant buildings and facilities | \$_ | -0- | | \$_ | -0- |
| Purchase, rental or leasing and installation of machinery and equipment | - | | | \$_ | |
| Purchase of real estate | - | | | \$_ | |
| Salaries and fees | - | | _ □ | \$_ | -0- |
| | Γ | Payments to Officers, Directors, & Affiliates | |] | Payments to Other |
| licate below the amount of the adjusted gross proceeds to the issuer used or proposed to be ad for each of the purposes shown. If the amount for any purpose is not known, furnish an imate and check the box to the left of the estimate. The total of the payments listed must hal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b ove. | | | | | |
| Enter the difference between the aggregate offering price given in response to Part C - estion 1 and total expenses furnished in response to Part C - Question 4.a. This difference is "adjusted gross proceeds to the issuer | | \$ | 18,62 | 5 | |

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Issuer (Print or Type) ElectroStatic Products, Inc. | Signature Jan ou / Man | Date CAPRIC 12, 2004 |
|---|--|----------------------|
| Name of Signer (Print or Type) Alexander Hoffmann | Title of Signer (Print or Type) President | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violation. (See 18 U.S.C. 1001.)